

<b>2010 APPLICATION INSTRUCTIONS</b>
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**BOARD OF PODIATRIC MEDICINE**

**PODIATRIST LICENSURE PACKET**

This packet should include the following:

- 1.) Eight (8) pages of instructions and information
- 2.) A three (3) page application
- 3.) A Verification of State Licensure Form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064

**INSTRUCTIONS AND INFORMATION**

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included in this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email a [pla5@pla.in.gov](mailto:pla5@pla.in.gov). For additional information, please visit our website at [www.pla.in.gov](http://www.pla.in.gov). **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT <http://www.pla.in.gov/bandc/bpm/licenceapp.html>.**

**AGENCY ADDRESS**

Indiana Professional Licensing Agency  
Attn: DPM Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

**MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Indiana Board of Podiatric Medicine to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 U.S.C. §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application.

**\*Application fees are non-refundable\***

## **APPLICATION FOR LICENSURE AS A PODIATRIST**

LICENSURE AS A PODIATRIST CAN BE OBTAINED THROUGH EITHER OF THE FOLLOWING METHODS:

- 1.) EXAMINATION
- 2.) EXEMPTION FROM EXAMINATION (ENDORSEMENT)

**APPLICANTS ARE ADVISED TO REVIEW THE REQUIREMENTS FOR EACH METHOD IN ORDER TO DETERMINE UNDER WHICH METHOD TO APPLY.**

### **1.) EXAMINATION CANDIDATES**

Indiana will no longer be mailing out the Part III registration form and the Part III Bulletin to candidates. You may now request a Part III registration form and the Part III Bulletin by contacting Prometric at 1-877-302-8952 or via email at [nbpmeinquiry@prometric.com](mailto:nbpmeinquiry@prometric.com).

### **APPLICATION**

Mail completed application along with all required documentation to the Indiana Professional Licensing Agency.

### **AFFIDAVIT**

If you answer "yes" to any of the eight (8) questions on page 3 of your application, the applicant must explain fully in a signed and **notarized** statement, meaning an explanation or statements of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment against you or settled any malpractice action, provide name(s) of plaintiff(s) and circumstances surrounding the case including legal documents. Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

### **APPLICATION FEES**

Applicants must submit a one hundred fifty dollar (\$150) application/issuance fee made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **We cannot accept payment by credit card.** ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

### **NBPME PART III EXAMINATION**

Indiana will no longer be mailing out the Part III registration form and the Part III Bulletin to candidates. You may now request a Part III registration form and the Part III Bulletin by contacting Prometric at 1-877-302-8952 or via email at [nbpmeinquiry@prometric.com](mailto:nbpmeinquiry@prometric.com). Please Note: In order to be considered eligible for the Part III portion of the examination, you must have successfully passed Parts I and II.

### **PHOTOGRAPHS**

Applicants must submit two (2) identical photographs of you alone, taken within eight (8) weeks of the submission of the application. The photographs should be 2 x 3 inches in size, head and shoulders view of the applicant only, black and white or color, of professional quality. "Polaroid" type photographs, laminated identification cards, and group photographs will not be accepted.

### **VERIFICATION OF EDUCATION - TRANSCRIPT**

Applicants must submit an official transcript from a Council on Podiatric Medical Education (COPE) approved college or school of podiatric medicine. This original transcript must show that all requirements for graduation have been met and when the degree was conferred.

**NOTE: Transcripts must be original, official transcripts. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.**

### **EXAMINATION CANDIDATES CHECKLIST**

THE FOLLOWING DOCUMENTS **MUST** BE SUBMITTED TO THE BOARD OF PODIATRIC MEDICINE IN ORDER FOR YOUR LICENSE TO BE ISSUED:

- \_\_\_\_\_ COMPLETED APPLICATION
- \_\_\_\_\_ AFFIDAVIT - If you answer "yes" to any questions on page 3 of your application, explain fully in a signed and notarized statement
- \_\_\_\_\_ \$150 APPLICATION FEE
- \_\_\_\_\_ TWO (2) PHOTOGRAPHS
- \_\_\_\_\_ OFFICIAL TRANSCRIPT - **Showing degree has been conferred.**
- \_\_\_\_\_ COMPLETION OF AT LEAST A **12 MONTH PROGRESSIVE** GRADUATE TRAINING PROGRAM
- \_\_\_\_\_ OFFICIAL NATIONAL BOARD SCORES
- \_\_\_\_\_ PROOF OF CURRENT MALPRACTICE INSURANCE - Submitted within thirty (30) days after licensure is granted.
- \_\_\_\_\_ VERIFICATION OF STATE LICENSURE – Completed by every state where you now hold or have ever held a license to practice podiatric medicine or any other regulated health profession.
- \_\_\_\_\_ NAME CHANGE - Any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.

## **2.) EXEMPTION FROM EXAMINATION CANDIDATES (ENDORSEMENT)**

**NOTE: Licensure in another state does not guarantee licensure in Indiana.**

### **APPLICATION**

Mail completed application along with all required documentation to the Indiana Professional Licensing Agency.

### **AFFIDAVIT**

If you answer "yes" to any of the eight (8) questions on page 3 of your application, the applicant must explain fully in a signed and **notarized** statement, meaning an explanation or statements of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment against you or settled any malpractice action, provide name(s) of plaintiff(s) and circumstances surrounding the case including legal documents. Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

### **APPLICATION FEES**

Applicants must submit a one hundred fifty dollar (\$150) application/issuance fee made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **We cannot accept payment by credit card.** ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

### **PHOTOGRAPHS**

Applicants must submit two (2) identical photographs of you alone, taken within eight (8) weeks of the submission of the application. The photographs should be 2 x 3 inches in size, head and shoulders view of the applicant only, black and white or color, of professional quality. "Polaroid" type photographs, laminated identification cards, and group photographs **will not** be accepted.

### **VERIFICATION OF EDUCATION - TRANSCRIPT**

Applicants must submit an official transcript from a Council on Podiatric Medical Education (COPE) approved college or school of podiatric medicine. This original transcript must show that all requirements for graduation have been met and when the degree was conferred.

**NOTE: Transcripts must be original, official transcripts. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.**

### **VERIFICATION OF POSTGRADUATE TRAINING**

In accordance with IC § 25-29-3-1(4), 845 IAC 1-3-1(a)(12), and 845 IAC 1-3-3, each applicant must have satisfactorily completed at least a twelve (12) months of progressive graduate medical training program that meets the requirements of the Council on Podiatric Medical Education (COPE). Applicants must provide evidence to the Board of progressive graduate training either by the institution or by another entity which was approved by the Council on Podiatric Medical Education.

Proof of progressive graduate training must be submitted as follows:

- (1) A notarized copy of your certificate of completion issued by the graduate training program; **OR**
- (2) An original letter from the graduate training program director under the seal of the program. (No copies of such letter will be accepted)

### **ATTENTION APPLICANTS ENROLLED IN 12 + MONTH RESIDENCY PROGRAMS**

The Board is now allowing applicants to apply for licensure after the successful completion of a minimum of 12-months of a CPME approved residency program with a letter from your residency director stating that you have successfully completed 12 months of the residency and that you are continuing in the program.

### **OFFICIAL NATIONAL BOARD SCORES**

All parts of the National Board examination must be passed prior to application for the NBPME Part III examination. You may request these scores from:

Thomson Prometric  
Attn: NBPME  
2000 Lenox Dr., 3<sup>rd</sup> Floor  
Lawrenceville, NJ 08648  
(877) 302-8952

The fee for the transfer of your scores is thirty-five dollars (\$35.00). You may wish to contact the National Board office prior to your request to verify the correct fee and procedures for transfer.

### **IN ADDITION TO THE NATIONAL BOARD EXAMINATION: YOU MUST SUBMIT PROOF OF PASSING AN EXAMINATION OTHER THAN THE NATIONAL BOARDS**

In accordance with IC § 25-29-4-1(a)(3) each applicant must take and pass a medical licensing examination that is substantially equivalent to the Board's examination. Applicants must submit verification for either of the following:

- (1) **STATE BOARD EXAMINATION SCORES** If a state board examination was required, have the State Board verify that an examination was administered and attach subjects, scores, date of the examination and average awarded to the individual; **OR**
- (2) **OFFICIAL NBPME PART III EXAMINATION SCORES**. If the applicant sat for the NBPME Part III examination, (also known prior to 1989 as the Virginia State Board examination), request that your official scores be sent directly to our office from the Federation of Podiatric Medical Boards. You may request these scores from:  
Federation of Podiatric Medical Boards  
6551 Malta Drive  
Boynton Beach, FL 33437  
(561) 752-3735

The fee for the transfer of your scores is forty-five dollars (\$45.00). You may wish to contact the Federation prior to your request to verify the correct fee and procedures for transfer. Scores may also be obtained through electronic order and payment from the Federation's website at [www.fpmb.org](http://www.fpmb.org).

**NOTE:** In accordance with IC § 25-29-5(b)(2): The board may require an applicant under this section to do the following: (1) appear before the board; or (2) Pass a medical examination, approved by the board, if at least ten (10) years have elapsed since the applicant passed a medical licensing examination.

### **VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER STATE**

Applicants must submit VERIFICATION OF STATE LICENSURE/CERTIFICATION FORMS from each state in which you are currently, or have ever been licensed to practice podiatric medicine or any other health profession or occupation. This form must be sent to, and completed by, the state licensing board in each state and returned directly from the state board(s) to the Indiana Professional Licensing Agency. This form may be duplicated if necessary.

### **VERIFICATION OF FIVE (5) YEARS OF PRACTICE IN PODIATRIC MEDICINE**

In accordance with IC § 25-29-5-1(4), each applicant must present evidence of practicing medicine for at least five (5) years. Applicants must submit a **notarized** affidavit verifying that you have practiced podiatric medicine in another state for at least five (5) years.

### **VERIFICATION OF MALPRACTICE INSURANCE**

In accordance with IC § 25-29-3-1(5) each applicant must have proper medical malpractice insurance. Applicants must submit proof to the Board of medical malpractice insurance before licensure will be granted.

### **NOTARIZED COPY NOTE**

Any notarized copy of an original document must have the notary public make a statement to the fact that the notary has seen the original document.

### **NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage license, if your name differs from that on any of your required documents.

## **ENDORSEMENT APPLICANTS** **TEMPORARY LICENSURE INFORMATION**

The Board may issue a temporary license to practice podiatric medicine to an applicant who applies by endorsement and submits the following documentation and fees for approval:

- 1.) A completed application for licensure by endorsement including a photograph and sworn statement if any affirmative answers to the questions on page 3.
- 2.) An additional fee of \$50.00 along with the \$150.00 application fee.
- 3.) Verification of current licensure to practice podiatric medicine in another state. A notarized copy of your current license (billfold license or pocketcard) which shows your license number and expiration date will be acceptable.

**A temporary permit expires the earlier of:**

- 1.) the date the applicant holding the temporary license is issued a license; or
- 2.) the date the board disapproves the applicant's licensure application.

**IF APPLYING FOR A TEMPORARY PERMIT, BE SURE TO CHECK THE BOX ON PAGE ONE (1) OF THE APPLICATION.**

## **EXEMPTION FROM EXAMINATION (ENDORSEMENT) CANDIDATES CHECKLIST**

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE BOARD OF PODIATRIC MEDICINE IN ORDER FOR YOUR APPLICATION TO BE REVIEWED:

\_\_\_\_\_ COMPLETED APPLICATION

\_\_\_\_\_ AFFIDAVIT - If you answer "yes" to any questions on page 3 of your application, explain fully in a signed and notarized statement

\_\_\_\_\_ \$150 APPLICATION FEE

\_\_\_\_\_ TWO (2) PHOTOGRAPHS

\_\_\_\_\_ OFFICIAL TRANSCRIPT - Showing degree has been conferred.

\_\_\_\_\_ COMPLETION OF AT LEAST A 12 MONTH PROGRESSIVE GRADUATE TRAINING PROGRAM

\_\_\_\_\_ OFFICIAL NATIONAL BOARD SCORES

\_\_\_\_\_ OFFICIAL STATE BOARD EXAMINATION OR NBPME PART III SCORES

\_\_\_\_\_ VERIFICATION OF STATE LICENSURE – Completed by every state where you now hold or have ever held a license to practice podiatric medicine or any other regulated health profession.

\_\_\_\_\_ VERIFICATION OF FIVE (5) YEARS OF PRACTICE IN PODIATRIC MEDICINE

\_\_\_\_\_ PROOF OF CURRENT MALPRACTICE INSURANCE

\_\_\_\_\_ NAME CHANGE - Any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.

**NBPME PART III EXAMINATION DATES AND APPLICATION DEADLINE DATES**

<b>Part I Test Dates</b>	<b>Prometric Registration Deadline</b>
July 7, 2010	May 21, 2010
October 6, 2010	August 27, 2010

<b>Part II Test Dates</b>	<b>Prometric Registration Deadline</b>
March 3, 2010	February 15, 2010
May 5, 2010	March 26, 2010

<b>Part III Test Dates **</b>	<b>Prometric Registration Deadline</b>
December 2, 2009	October 23, 2009
June 2, 2010	May 5, 2010
December 1, 2010	October 22, 2010